AFFORDABLE HOUSING PROGRAM LEASE UP/COMPLIANCE REPORT

Part A – COMPLIANCE REPORT SUMMARY

				Da	te:				
				Perio	od:/ to/_ mo. yr. mo. yr				
Property Name:					ino. yr.				
Street Address:									
City, State, Zip:									
		Phone:							
Manager/Contact:									
Use the area belov	v to bring totals fo	orward from page tw	· 0.						
PROPERTY SUN Total Number of	MMARY	J I I I							
Unit		Head of							
Designation	Ethnicity	Household	Disabled	Vacant					
<30%	Black	Female	Yes	Occupied	_				
<50%	Hispanic	Male	No	Vacant					
<60%	White								
<80%	Asian								
>80%	Native								
	American								
	Other								
Grand									
Totals									
IMV. (compa) all'a	1 1 6	- · · · · · · · · · · · · · · · · · · ·	Called days		4				
, ,		on information suppl ented in this report i	•						
Signature (Prepare	r)	Signature (N	Signature (Managing Owner) Date						

AFFORDABLE HOUSING PROGRAM SUMMARY COMPLIANCE REPORT PART B – UNIT STATUS REPORT

	Reporting Period	tnrougn
Note: A separate form must be completed for each property. Please copy additional pages as needed		
Name of property:		
Property Address:		
	N	fumber of HOME Assisted Units

List each unit in the property separately

A	В	С	D	E	F	G	Н	I	J	K	L	M	N
UNIT NUMBER	TENANT NAME	NO. BEDROOMS	NO. PERSONS	DATE OF LEASE	UNIT DESIGNATION <30% <50% <60% <80% >80%	TENANT'S ANNUAL GROSS INCOME	MAX. ANNUAL ELIGIBLE INCOME	MONTHLY UNIT RENT	ARE UTILITIES INCLUDED IN THE MONTHLY RENT PAYMENT Y-Yes N-No	ETHNICITY B-BLACK H-HISPANIC W-WHITE A-ASIAN N-Native American 0-OTHER	FEMALE HEAD OF HOUSEHOLD Y-Yes N-No	DISABLED Y-YES N-NO	UNIT STATUS 0-OCCUPIED V-VACANT